

**Health Information Technology Commission**  
**Meeting Information**

**Date:** Thursday, March 13, 2008  
1 - 4pm

**Location:** MDCH Conference Rooms B&C  
1<sup>st</sup> Floor, Capitol View Building  
201 Townsend Street  
Lansing, Michigan 48913

**Commissioners Present:**

Greg Forzley, M.D. – Chair  
Joseph Hohner  
Toshiki Masaki – Vice Chair  
Mark Notman, Ph.D.

Robert Paul  
Tom Lauzon  
Ken Theis  
R. Taylor Scott, D.O.

**Commissioners Absent:**

Robin Cole  
Kimberly Ross  
Janet Olszewski

Larry Wagenknecht, R.Ph.  
Jeanne Strickland

**Staff:**

Ed Dore– MDCH  
Beth Nagel – MDCH  
George Boersma - MDIT

**Guests:**

John Hazewinkel – MSU  
Denise Holmes - MSU  
Paul Harmon - MDIT  
Nancy Walker MHIMA  
Gary Newell – WM HIE  
Denise Chrysler – MDCH  
Kimberly Lynch – Altarum  
Erin Conklin - GFHC

Linda McCardel – MPH  
Camilla Brown – SFT  
Jeff Ladd – BCBSM  
Tim Pletcher - MIHIA

**Agenda:**

**A. Welcome and Introduction**

**B. Review of 1-10-07 meeting minutes**

- Minutes were approved without discussion and will be posted on the HIT Commission website

### C. Commissioner Updates

- Several Commissioners discussed the HIMSS Conference and the presence of HIE/HIT vendors and focus on HIE efforts

### D. Commission Action on Value Propositions and Resolutions

- The Commission discussed the results of the electronic vote that took place since the last meeting in January. The results are recorded as follows:

#### Action by the HIT Commission

**VOTE:** to support the resolutions that were emailed on January 24<sup>th</sup>

**RESULTS:** (emailed to all 13 members) **7 votes in favor, 2 opposed, 4 votes not recorded:** The Commission adopted the resolutions that were emailed on January 24<sup>th</sup>.

- The Commission Chair opened up discussion on the email vote asking if the Commission would like to amend the document to one that would be better supported by all Commissioners.
- The Commission discussed possible edits and then worked to edit the resolution language. After all edits were discussed, the Commission opted to vote on the resolution again. The results are recorded as follows:

#### Action by the HIT Commission

**VOTE:** to support the resolutions that were edited during the March 13<sup>th</sup> meeting.

**RESULTS:** (8 members present) **8 votes in favor, 0 opposed:** The Commission adopted the resolutions that were edited during the March 13<sup>th</sup> meeting.

- The adopted resolutions will be used as a cover page to the value propositions document and will serve for defining HIE and RHIO in all state work on the topic. The adopted resolutions are as follows:
  - The HIT Commission endorses the “Health Information Exchange: Basic Functions and Stakeholder Value” document and encourages MiHIN participants to continue the process of demonstrating value to potential HIE stakeholders.
  - The federal government has recent proposed a definition of Health Information Exchange (HIE) as “The electronic movement of any and all health-related data according to an agreed-upon set of interoperability standards, processes and activities across non-affiliated organizations in a manner that protects the privacy and security of that data; and the entity that organizes and takes responsibility for the process.” It distinguishes the term “Regional Health Information Organization”

(RHIO) by defining it as “A multi-stakeholder governance entity that convenes non-affiliated health and healthcare-related providers and the beneficiaries they serve, for the purpose of improving health care for the communities in which it operates. It takes responsibility for the processes that enable the electronic exchange of interoperable health information within a defined contiguous geographic area.”

The HIT Commission endorses these definitions, but for the purposes of planning and implementation of MiHIN would further specify that HIE is characterized by (a) the exchange of clinical data and some forms of administrative data such as demographic and eligibility information, (b) across organizations and a broad base of health care participants that (c) encompasses a broad population base and (d) covers a broad array of clinical information. The delivery of comprehensive clinical information in a timely manner to providers at the point of care is the key HIE activity that creates societal value.

The broad base of participants exchanging data should optimally include:

- a. Practitioners & Clinicians
  - b. Hospitals and health systems
  - c. Health Plans/Insurers
  - d. Laboratories and other data providers
  - e. Pharmacists & Pharmacy Benefit Managers
  - f. Public Health
  - g. Behavioral Health
  - h. Home health agencies & Extended Care Facilities
  - i. Other participants in health related data exchange
- Regional Health Information Organizations have strong potential to positively affect health care quality, costs, and access in Michigan. In order for them to succeed in this mission, however, they need a self-sustaining business model. After an initial period of contributions and investments, their basis of support should be derived from the demonstrable value that they offer to a number of stakeholders. This list should optimally include:
    - a. Employers (directly or through health plans)
    - b. Practitioners & Clinicians
    - c. Hospitals and health systems
    - d. Health Plans/Insurers
    - e. Laboratories and other data providers

- f. Pharmacists & Pharmacy Benefit Managers
- g. Public Health
- h. Behavioral Health
- i. Home health agencies & Extended Care Facilities
- j. Other participants in health related data exchange

#### **E. Update on MiHIN Technical Workgroup**

- Denise Holmes from the MiHIN Resource Center provided an overview of the Technical workgroup that the Resource Center has convened at the Commission's request to study patient identification solutions.
- The workgroup has met two times and will meet again in late March
- The final recommendation will be delivered to the HIT Commission at the April Meeting.
- All regions are invited and involved in the workgroup.
- The Commission suggested that the workgroup look at real examples of consumer identification solutions in other industries.

#### **F. Update from the Resource Center**

- Denise Holmes from the Resource Center provided an update on MiHIN Resource Center activities.
- The Updated included lessons learned from the HIMSS conference, an overview of the 1<sup>st</sup> Annual MiHIN Conference and other activities.
- Slides from this update were included in the Commissioner's packets.

#### **G. Presentation on Building an HIE – Camilla Brown, Strategies for Tomorrow**

- Camilla Brown, Principal and Founder of Strategies for Tomorrow, gave the Commission an overview of her work with Michigan's regional HIE projects.
- Ms. Brown also gave an overview of her observations from her work in building HIEs in many other regions around the nation.
- Ms. Brown then articulated the MiHIN strategy for HIE and outlined activities to make HIE a reality in Michigan.
- Ms. Brown's biography and slides are available in Commissioner's packets.

#### **H. Discussion of Agenda and Calendar setting for next meeting**

- The next meeting is April 10, 2008. The agenda includes:
  - Presentation of the Technical Workgroup's patient identification solution recommendation.
  - Presentations on each regional HIE project.
- The May 8, 2008 meeting coincides with the MiHIN Conference. To encourage Commissioner participation in the conference, there will not be a meeting in May.

**I. Time For Public Comment**

- Tim Pletcher from the CMU Research Corporation introduced himself and thanked the Commission for their support. Mr. Pletcher also identified that the central/thumb HIE is forming in complete harmony with the MiHIN strategy that Ms. Brown outlined in her presentation.